

IC 12-10-10

Chapter 10. Community and Home Options to Institutional Care for the Elderly and Disabled Program

IC 12-10-10-1

"Case management" defined

Sec. 1. As used in this chapter, "case management" means an administrative function conducted locally by an area agency on aging that includes the following:

- (1) Assessment of an individual to determine the individual's functional impairment level and corresponding need for services.
- (2) Development of a care plan addressing an eligible individual's needs.
- (3) Supervision of the implementation of appropriate and available services for an eligible individual.
- (4) Advocacy on behalf of an eligible individual's interests.
- (5) Monitoring the quality of community and home care services provided to an eligible individual.
- (6) Reassessment of the care plan to determine the continuing need and effectiveness of the community and home care services provided to an eligible individual under this chapter.
- (7) Provision of information and referral services to individuals in need of community and home care services.

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.5; P.L.154-1995, SEC.1.

IC 12-10-10-1.5

"Activities of daily living" defined

Sec. 1.5. As used in this chapter, "activities of daily living" refers to an activity described in the long term care services eligibility screen.

As added by P.L.150-1995, SEC.6.

IC 12-10-10-2

"Community and home care services" defined

Sec. 2. As used in this chapter, "community and home care services" means services provided within the limits of available funding to an eligible individual. The term includes the following:

- (1) Homemaker services and attendant care, including personal care services.
- (2) Respite care services and other support services for primary or family caregivers.
- (3) Adult day care services.
- (4) Home health services and supplies.
- (5) Home delivered meals.
- (6) Transportation.
- (7) Attendant care services provided by a registered personal services attendant under IC 12-10-17 to persons described in IC 12-10-17-6.
- (8) Other services necessary to prevent institutionalization of eligible individuals when feasible.

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.7; P.L.154-1995, SEC.2; P.L.255-2001, SEC.10.

IC 12-10-10-3

"Disabled" defined

Sec. 3. As used in this chapter, "disabled" refers to an individual with a severe chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments that is likely to continue indefinitely.

As added by P.L.2-1992, SEC.4.

IC 12-10-10-4

"Eligible individual" defined

Sec. 4. (a) As used in this chapter, "eligible individual" means an individual who:

- (1) is a resident of Indiana;
- (2) is:
 - (A) at least sixty (60) years of age; or
 - (B) disabled; and
- (3) qualifies under criteria developed by the board as having an impairment that places the individual at risk of losing the individual's independence, as described in subsection (b).

(b) For purposes of subsection (a), an individual is at risk of losing the individual's independence if the individual is unable to perform two (2) or more activities of daily living. The use by or on behalf of the individual of any of the following services or devices does not make the individual ineligible for services under this chapter:

- (1) Skilled nursing assistance.
- (2) Supervised community and home care services, including skilled nursing supervision.
- (3) Adaptive medical equipment and devices.
- (4) Adaptive nonmedical equipment and devices.

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.8.

IC 12-10-10-4.5

"Long term care services eligibility screen" defined

Sec. 4.5. (a) As used in this chapter, "long term care services eligibility screen" refers to the long term care services eligibility screen used by the division in making eligibility determinations under this chapter.

(b) The long term care services eligibility screen must conform with the activities of daily living standard established by this chapter.

As added by P.L.150-1995, SEC.9.

IC 12-10-10-5

"Program" defined

Sec. 5. As used in this chapter, "program" refers to the community and home options to institutional care for the elderly and disabled program established by this chapter.

As added by P.L.2-1992, SEC.4.

IC 12-10-10-6

Establishment of program; administration; duties of division

Sec. 6. The community and home options to institutional care for the elderly and disabled program is established. The division shall administer the program and shall do the following:

- (1) Adopt rules under IC 4-22-2 for the coordination of the program.
- (2) Administer state and federal money for the program.
- (3) Develop and implement a process for the management and operation of the program locally through the area agencies on aging based upon criteria developed by the division.
- (4) Approve the selection of community and home care services providers based upon criteria developed by the division.
- (5) Review and approve community and home care services plans developed by services providers.
- (6) Provide training and technical assistance for the staff providers.
- (7) Select or contract with agencies throughout Indiana to provide community and home care services.
- (8) Assist the office in applying for Medicaid waivers from the United States Department of Health and Human Services to fund community and home care services needed by eligible individuals under this chapter.

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.10; P.L.154-1995, SEC.3; P.L.112-1997, SEC.2.

IC 12-10-10-6.3

Long term care eligibility screen; publication; public inspection

Sec. 6.3. (a) The division shall file for publication in the Indiana Register a copy of the long term care services eligibility screen.

(b) The division shall:

- (1) keep on file in the division's office; and
- (2) make available for public inspection during regular business hours;

a copy of the long term care services eligibility screen.

(c) The division shall provide a copy of the long term care services eligibility screen to any individual upon request.

As added by P.L.150-1995, SEC.11.

IC 12-10-10-6.5

Restrictions on adoption of rules or criteria governing eligibility

Sec. 6.5. (a) The division shall not adopt any rule governing the eligibility of an individual under this chapter that is more restrictive than the definition of eligible individual in section 4 of this chapter.

(b) The division and the board shall not adopt an eligibility criterion that is more restrictive than the definition of eligible individual described in section 4 of this chapter.

(c) Any:

- (1) eligibility rule adopted by the division; or
- (2) eligibility criterion adopted by the division or the board;

must be specific to the program established under this chapter and may

not be defined by reference to a rule, guideline, or procedure for another program or service, for a service provided under a Medicaid waiver, or for institutional care.

As added by P.L.150-1995, SEC.12.

IC 12-10-10-7

Agency conducting case management not to provide services; exception

Sec. 7. (a) Except as provided in subsection (b), the case management under this chapter of an individual leading to participation in the program may not be conducted by any agency that delivers services under the program.

(b) If the division determines that there is no alternative agency capable of delivering services to the individual, the area agency on aging that performs the assessment under the program may also deliver the services.

As added by P.L.2-1992, SEC.4. Amended by P.L.150-1995, SEC.13; P.L.154-1995, SEC.4.

IC 12-10-10-8

Distribution of funds for home health services

Sec. 8. Except as provided in section 9 of this chapter, state money for home health services under this chapter must be distributed only to licensed health care professionals, facilities, and agencies.

As added by P.L.2-1992, SEC.4.

IC 12-10-10-9

Eligible individuals' relatives training program; reimbursement for provision of services by relative

Sec. 9. (a) The division shall establish a program to train relatives of eligible individuals to provide homemaker and personal care services to those eligible individuals.

(b) Relatives of eligible individuals who complete the training program established under this section are eligible for reimbursement under this chapter or under the Medicaid program for the provision of homemaker and personal care services to those eligible individuals. Reimbursement under the Medicaid program is limited to those cases in which the provision of homemaker and personal care services to an eligible individual by a relative results in financial hardship to the relative.

As added by P.L.2-1992, SEC.4.

IC 12-10-10-10

Services funding; source

Sec. 10. Federal social services block grant money shall be used to fund services under this chapter that are not otherwise reimbursable under the Medicaid program.

As added by P.L.2-1992, SEC.4.

IC 12-10-10-11

Reporting requirement; contents; submission to board and general assembly; funding

Sec. 11. (a) Before October 1 of each year, the division, in conjunction with the office of the secretary, shall prepare a report for review by the board and the general assembly. The report must include the following information regarding clients and services of the community and home options to institutional care for the elderly and disabled program and other long term care home and community based programs:

- (1) The amount and source of all local, state, and federal dollars spent.
- (2) The use of the community and home options to institutional care for the elderly and disabled program in supplementing the funding of services provided to clients through other programs.
- (3) The number and types of participating providers.
- (4) An examination of:
 - (A) demographic characteristics; and
 - (B) impairment and medical characteristics.
- (5) A comparison of costs for all publicly funded long term care programs.
- (6) Client care outcomes.
- (7) A determination of the estimated number of applicants for services from the community and home options to institutional care for the elderly and disabled program who have:
 - (A) one (1) assessed activity of daily living that cannot be performed;
 - (B) two (2) assessed activities of daily living that cannot be performed; and
 - (C) three (3) or more assessed activities of daily living that cannot be performed;and the estimated effect of the results under clauses (A), (B), and (C) on program funding, program savings, client access, client care outcomes, and comparative costs with other long term care programs.

(b) After receiving the report described in subsection (a), the board may do the following:

- (1) Review and comment on the report.
- (2) Solicit public comments and testimony on the report.
- (3) Incorporate its own opinions into the report.

(c) The board shall submit the report along with any additions made under subsection (b) to the general assembly after November 15 and before December 31 each year.

(d) Funding for the report must come entirely from:

- (1) funds already available for similar purposes;
- (2) discretionary funds available to the division or the office of the secretary;
- (3) reversion funds; and
- (4) private funds and grants.

As added by P.L. 150-1995, SEC. 14. Amended by P.L. 2-1996, SEC. 233.